

**U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE**

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) A0906.70008US00
Application Number 10/616,865-Conf. #1471		Filed July 9, 2003
For V1039/7028)	METHODS AND PRODUCTS RELATED TO METABOLIC INTERACTIONS DISEASE (CON OF	
Art Unit 1644	Examiner	R. B. Schwadron
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> .		
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,248</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>Helen C. Lockhart</u>		
<u>Signature</u> <u>Helen C. Lockhart</u> <u>Typed or printed name</u>		<u>September 30, 2010</u> <u>Date</u> <u>617.646.8000</u> <u>Telephone Number</u>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

<p><b>Certificate of Electronic Filing Under 37 CFR 1.8</b></p>	<p>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).</p>
<p>Dated: September 30, 2010</p>	<p>Signature: </p>